Effective October 1, 2000													
									SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			24				Г	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	G
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=		OR	X\$18=	162	9/
INDEPENDENT CLAIMS			5 minus 3 =		2_		上	X40=		OR	X80=	160	90
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		99
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	/17/80	87
1	2/2//020			L	,	OTHER	THAN	1					
ٻا	101/08	(Column 1) CLAIMS	,	(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	14.
NDM	Total	30	Minus	·á	9	= /	:	X\$ 9=		OR	·X\$18=	18	l
AME.	independent	6	Minus	5	<u> </u>	=/	Г	X40=		OR	X80=	84	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ine.			.070	V 1	
BEST AVAILABLE COPY								135=		OR	+270=	and the second	
	11/26/01	1	0				AD	DIT. FEE		OR.	ADDIT. FEE	i e e Sp	
AMENDMENT B	1/24/0	(Column 1)	(Colu						1 4001				
		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT EXTRA	Ì	RATE	ADDI- TIONAL FEE	160	RATE	ADDI- TIONAL FEE	
Š	Total	- 28	Minus	• 3	0	= /)	,	X\$ 9=		OR	X\$18=		
AME	Independent	. 5	Minus	··· 4	2	-0	7	X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE			ADDIT. FEE		
		CLAIMS		HIGH	EST	(Column 3)			ADDI-			ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	×	(\$ 9=		OR	X\$18≈		
	Independent	•	Minus	***		=	5	(40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										υ _μ			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** ADDIT FFF** ** ADDIT FFF*													
•••	f the "Highest Nur if the "Highest Nu	nber Previously Pa mber Previously Pa	id For IN THIS iid For IN THIS	S SPACE is S SPACE is	less than less than	n 20, enter "20." n 3, enter "3."		OIT. FEE	ropriate box		ADDIT. FEE		
	***iff the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number